

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 24, 2004

ALL-COUNTY INFORMATION NOTICE NO. I-66-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP COORDINATORS
ALL FOOD STAMP EMPLOYMENT AND TRAINING
COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: DFA 377.11, Food Stamp Notice of Discontinuance and DFA 377.11A,
Three consecutive countable months

REFERENCE: MPP Section 63-410; 7 CFR 273.24

This All County Information Notice transmits the following Notices of Action (NOAs) that are issued to persons who fail to comply with the Able-bodied Adults Without Dependents (ABAWDs) work requirements. The NOAs are consistent with the revised ABAWD regulations released in ORD #1202-28. The following changes have been made to the notices:

- The DFA 377.11, Food Stamp Notice of Discontinuance (Failure to Meet the ABAWD Work Requirement) consolidates the existing DFA 377.11A and DFA 377.11B into one NOA.
- The DFA 377.11 now lists ABAWD exemptions and good cause criteria.
- The DFA 377.11 replaces the NA 994 and NA 996, the ABAWD NOAs for California Food Assistance Program (CFAP) recipients, which have been eliminated.
- The DFA 377.11A is revised to inform ABAWDs and CFAP recipients when their three consecutive countable months begin.
- These NOAs are changed to meet the two-column requirement for the California Department of Social Services (CDSS) forms and NOAs.

Implementation

County welfare departments (CWDs) must begin using the revised NOAs as soon as administratively feasible. CWDs should destroy any old stock of existing notices.

Designation and Modification of NOAs

The designation for the NOAs is "Required Form—Substitutes Permitted." CWDs must obtain prior approval from CDSS before implementing a modification or substitution to these NOAs. The procedures for submission of the Food Stamp Program (FSP) NOA change requests are contained in Manual of Policy and Procedures (MPP) Section 63-1250.

Stock:

The supply of the NOAs are camera-ready only; no stock will be produced.

Camera-Ready Copies and Translations

After the county receives a copy of an English FSP NOA, please allow six to eight weeks for the NOA to be translated and mailed to your FSP coordinator. Completed translations in other languages are posted and can be obtained from the CDSS web page at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm. If you have questions, please contact Languages Services at (916) 445-6778.

For a camera-ready and/or an additional copy of an English NOA, please call the Forms Management Unit at (916) 657-1907. If your office has Internet access, you may obtain these NOAs from: www.dss.cahwnet.gov.

Each CWD shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in MPP Division 21, Civil Rights Nondiscrimination, Section 115.

Contact:

If you have any questions regarding these NOAs, please contact Robert Nevins, Analyst, Food Stamp Branch, at (916) 657-1408 or robert.nevins@dss.ca.gov.

Sincerely,

Original Document Signed by
RIGHTON YEE, CHIEF
Food Stamp Branch

Attachments

FOOD STAMP NOTICE OF DISCONTINUANCE

(Failure to meet the Able-Bodied Adults Without Dependents (ABAWDs) Work Rule)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

_____, as of _____,
(NAME) (DATE)

your food stamps will be stopped because you got food stamps for

_____, _____, and _____
(MONTH/YEAR) (MONTH/YEAR) (MONTH/YEAR)

without meeting the Able-Bodied Adults Without Dependents (ABAWD) work rule.

The amount of your food stamps will change from \$ _____ to \$ _____.

IF YOU LOSE YOUR FOOD STAMPS, YOU CAN GET FOOD STAMPS BACK IF

by _____, you
(DATE)

- Show proof that you are meeting the following ABAWD work rules.
 - For at least 20 hours per week, you must either;
 - Work,
 - Go to school or training,
 - Go to a combination of school, training and work, or
 - Go to workfare for the number of hours determined by the county.
- Meet one of the excuses from the work rules below.
- Have a temporary reason (such as you were ill, were caring for a sick household member, had a household emergency, had no transportation available, had problems speaking, reading, or writing English).
- You may apply at any time if you become excused from the work rule or after _____, when your 36-month calendar ends.
(DATE)

TO BE EXCUSED FROM THE WORK RULES, YOU MUST BE

- Under 18 or 50 years of age or older;
- Physically or mentally unfit for employment;
- Meeting the CalWORKs Welfare-to-Work rules;
- Caring for an injured or sick person who will need help for more than 30 days;
- Participating in a alcohol or drug treatment program that keeps you from working 30 hours or more per week;
- Getting or have applied for Unemployment Insurance benefits;

- Employed or self-employed at least 30 hours per week or receiving weekly earnings at least equal to the federal minimum wage multiplied by 30 hours;
- Going to school at least half-time;
- Pregnant; or
- Living in a food stamp household that contains a minor child even if the minor child is not eligible for food stamps.

YOU WON'T LOSE YOUR FOOD STAMPS IF

by _____, you
(DATE)

- Show verbal or written proof that you are meeting the ABAWD work rules.
- Are excused (see list on left side "TO BE EXCUSED FROM THE WORK RULES").
- Have a reason (i.e., were temporarily ill, were caring for a sick household member, had a household emergency, had no transportation available, had problems speaking, reading, or writing English) for not meeting the work rules.
- Start meeting the rule you failed to meet (see work rule above or call your worker).

36-MONTH PERIOD

- During a 36 month period you can only get food stamps for three months unless you meet the ABAWD work rule.
- You can get food stamps for another three months without meeting the ABAWD work rule if you meet certain conditions.

HERE'S HOW TO GET FOOD STAMPS BACK

- You may get food stamps back if you meet one of the ABAWD work rules listed above during a period of 30 days.
- You may apply at any time if you become excused from the work rule or after _____, when your 36-month calendar ends.
(DATE)

RULES: These rules apply. You may review them at your welfare office.
MPP Section ☐ 63-410; ☐ Other _____.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

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FOOD STAMP NOTICE OF DISCONTINUANCE

(Three Consecutive Months For ABAWDs/Non-Assistance CFAP Recipients)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Starting _____, you will get food stamps from
(DATE)
_____ through _____.
(DATE) (DATE)

You can get food stamps if you meet the Able-Bodied Adult Without Dependents (ABAWD) work rule, become excused from the rule (See list of excuses in next column) or have a temporary reason for not meeting the rule.

REASON YOU MAY GET FOOD STAMPS ONLY FOR THREE MONTHS IN A ROW

- Your food stamps were stopped once before because you did not meet the ABAWD work rule for three months.
- The Food Stamp Program allows you to get food stamps for another three months without meeting the ABAWD/California Food Assistance Program (CFAP) work rule under certain conditions.
- If you get a food stamp penalty, you will not be eligible for food stamps until the penalty period is over.

HOW TO KEEP GETTING FOOD STAMPS WHEN THE THREE MONTHS IN A ROW STOPS

- When the three months stops, you can keep getting food stamps if you meet the ABAWD or non-assistance CFAP work rules.
- After the three months you may apply at any time if you become excused from the work rule or after _____, when your 36-month calendar is over. (DATE)

ABAWD/CFAP WORK RULE

For at least 20 hours per week, you must either;

- Work,
- Go to school or training,
- Go to a combination of school, training and work, or
- Go to workfare for the number of hours the county determines.

36-MONTH CALENDAR PERIOD

- During a 36-month period you can only get food stamps for three months unless you meet the ABAWD work rule.
- You can get food stamps for a second three months without meeting the ABAWD work rule if you meet certain conditions.
- When the three months start, it cannot be stopped until time runs out or your 36-month calendar ends.

TO BE EXCUSED FROM THE WORK RULES, YOU MUST BE

- Under 18 or 50 years of age or older.
- Physically or mentally unfit for employment.
- Meeting the CalWORKs Welfare-to-Work rules.
- Caring for a child under six or an injured or sick person.
- Participating in an alcohol or drug treatment program that keeps you from working 30 hours or more a week.
- Getting or have applied for Unemployment Insurance benefits.
- Employed or self-employed at least 30 hours per week or receiving weekly earnings at least equal to the federal minimum wage multiplied by 30 hours.
- Going to school at least half-time.
- Pregnant.
- Living in a food stamp household that contains a minor child even if the minor child is not eligible for food stamps.

RULES: These rules apply. You may review them at your welfare office.

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NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

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STREET ADDRESS

CITY

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